

FEB 24 2004

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TO: EXAMINER MEDINA A. IBRAHIM
FROM: VIRGINIA DRESS
RE: U.S. PATENT APPLICATION SERIAL NO. 09/538,396
ATTORNEY DOCKET NO. 1116E
DATE: 02/24/04 **FAX NUMBER:** (703) 872-9306
NUMBER OF PAGES FOLLOWING THIS SHEET: 10

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Certificate of Transmission (1 Page)
Transmittal Form 1 Page)
Fee Transmittal (1 Page)
Petition for Extension of Time (1 Page)
Amendment After Final (6 Pages)

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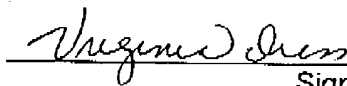
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- 1) Transmittal Form / 1 Page
- 2) Fee Transmittal Form / 1 Page
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/538,396
		Filing Date	03/29/2000
		First Named Inventor	Pramod B. Mahajan
		Art Unit	1638
		Examiner Name	Ibrahim, Medina Ahmed
Total Number of Pages in This Submission	9	Attorney Docket Number	1116E

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Virginia Dress
Signature	<i>Virginia Dress</i>
Date	February 24, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Virginia Dress		
Signature	<i>Virginia Dress</i>	Date	February 24, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 950

Complete if Known

Application Number 09/538,396
 Filing Date 03/29/2000
 First Named Inventor Pramod B. Mahajan
 Examiner Name Ibrahim, Medina Ahmed
 Art Unit 1638
 Attorney Docket No. 1116E

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number

16-1852

Deposit
Account
Name

Pioneer Hi-Bred International, Inc.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	770	Utility filing fee	
		1002	340	Design filing fee	
		1003	530	Plant filing fee	
		1004	770	Reissue filing fee	
		1005	160	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
18	2		34 **	0	0
			6 **	0	0
				86	0
					0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	Claims in excess of 20
		1201	86	Independent claims in excess of 3
		1203	290	Multiple dependent claim, if not paid
		1204	86	** Reissue independent claims over original patent
		1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

**or number previously paid, if greater; For Reissues, one above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	Surcharge - late filing fee or oath	
		1052	50	Surcharge - late provisional filing fee or cover sheet	
		1053	130	Non-English specification	
		1812	2,520	For filing a request for reexamination	
		1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	Extension for reply within first month	
		1252	420	Extension for reply within second month	
		1253	950	Extension for reply within third month	950
		1254	1,480	Extension for reply within fourth month	
		1255	2,010	Extension for reply within fifth month	
		1401	330	Notice of Appeal	
		1402	350	Filing a brief in support of an appeal	
		1403	290	Request for oral hearing	
		1451	1,510	Petition to institute a public use proceeding	
		1452	110	Petition to revive - unavoidable	
		1453	1,330	Petition to revive - unintentional	
		1501	1,330	Utility issue fee (or reissue)	
		1502	480	Design issue fee	
		1503	640	Plant issue fee	
		1460	130	Petitions to the Commissioner	
		1807	50	Processing fee under 37 CFR 1.17 (g)	
		1806	180	Submission of Information Disclosure Stmt	
		8021	40	Recording each patent assignment per property (times number of properties)	
		1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	770	Request for Continued Examination (RCE)	
		1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 950)

SUBMITTED BY

Name (Print/Type)	Registration No. (Attorney/Agent)	Complete (if applicable)
Virginia Dross	48,243	Telephone 515) 270-4192
Signature	Date	February 24, 2004

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